

Town of Richmond

Department of Welfare

REQUIRED VERIFICATIONS 3/2015

Your Name: _____

Appointment Date: _____

****BEFORE YOUR APPOINTMENT****

Please fax the following to 239-9994

- Ask your bank to fax all bank statements for the last **4 WEEKS** or bring with you
- Ask employer(s) to fax paystubs for ages 18+ for the last **4 WEEKS** or bring with you
- Ask electric supplier to fax most current bill or bring newest bill with you
- Ask your childcare provider to fax statement for the last **4 WEEKS** or bring with you

BRING TO YOUR APPOINTMENT

- This completed and signed application, **sign the last 2 pages**
- A copy of rental, lease or mortgage payment statement
- Last 4 weeks paystubs (for everyone over 18 if they weren't faxed)
- Last 4 weeks only of unemployment checks/unemployment notice
- All pages: most current electric bill (if it wasn't faxed by supplier)
- All pages: most recent savings/checking/retirement statements
- Medication list from pharmacy for last 4 weeks only
- Fuel provider statement or receipts paid for heating fuel in the last 4 weeks
- Childcare statement showing last 4 weeks of payments from daycare provider
- Car repair receipts PAID in last 4 weeks only
- Social security or disability benefits notice
- TANF, Food stamps, APTD award letters
- Bill for health insurance if it is not taken out of your paycheck
- Child support order payments received or paid
- Worker's compensation payment notice
- Tax refund amount and date received
- Statement from room-mats(s) of division expenses

NOTE:

You may apply for assistance once per month. Assistance is not on going. If you think you need help in the future, call to set up another appointment, fill out another application, and bring the documents listed above that apply to you; to the appointment

APPLICATION FOR GENERAL ASSISTANCE

Today's Date: _____

Name: _____ Phone: _____

Spouse/co-applicant: _____ Email: _____

Address: _____ Us Citizen: _YES _NO

Marital Status: _____ Rent or own? _____ Yrs. _____

This appointment is for help with: __Rent __Electric __Heat __Food __Meds

__Other: _____

Have you applied for assistance in another town? __Yes __No When? _____

List below all persons living in your household:

Full Name:	Relationship:	Date of Birth:	Social Security #:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How many days of the months does your child (ren) live with you? _____

Does someone in your house have alcohol or substance use problems? __No __Possibly

If possibly, would you like some confidential resources to call? __Yes __No, thank you

Housing Information:

Rent: _____/month Total due: _____ # of bedrooms _____

Do you have a: ☐ Demand for rent ☐ Notice to Quit ☐ Eviction Notice

Landlord Name: _____ Phone: _____

Address: _____

Mortgage: _____ Date last Paid: _____ Past Due: _____

Mortgage company name and address: _____

Employment

	Employer:	Dates from/to:	Reason for leaving:	\$/Hour:
Applicant:	_____	_____	_____	_____

Co-Applicant:	_____	_____	_____	_____
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Are you able to work now? __If no, why not? _____

Household Assets:

Provide information regarding accounts held by you and all household members:

<u>Name</u>	<u>Bank/Credit Union</u>	<u>Savings Bal.</u>	<u>Checking Bal.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Motor vehicles owned by you and all household members:

<u>Owner:</u>	<u>Make/Model</u>	<u>Year</u>	<u>Value</u>	<u>Payments</u>	<u>Monthly Ins Pmt.</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How much do you have in:

Bonds/Mutual bonds/CD's _____ Stocks: _____ Annuities _____ 401k/Retirement _____

Circle if owned: Motorcycles/Boats/Recreational Vehicle Value: _____

IRS Refund: _____ Ins. Claim: _____ Disability: _____ Unemployment: _____ Worker's Comp: _____

Monthly Household Income *Include all income from everyone over the page of 18*

	<u>Amount</u>	<u>Date Received</u>
Adoption Credits:	_____	_____
ANB (Aid to the needy blind):	_____	_____
APTD (Perm/totally disabled):	_____	_____
Child Support:	_____	_____
Employer Disability:	_____	_____
Food Stamps:	_____	_____
Fuel Assistance:	_____	_____
Gifts/Inheritance (friends/parents) _____	_____	_____
Maternity Benefits:	_____	_____
OAA (Old Age Assistance):	_____	_____
Pension/ Retirement:	_____	_____
Severance or vacation pay:	_____	_____
SSDI (Social Security/Disability):	_____	_____
SSI (Supplement Security):	_____	_____
TANF (Financial aid needy families) _____	_____	_____
Unemployment check:	_____	_____
Vocational Rehab. Payments:	_____	_____
Worker's Comp. Payments:	_____	_____
Employment:	_____	_____
Other:	_____	_____

Household Expenses Last 30 Days ONLY List expenses by the month

Bank Fees _____ Diaper/Wipes _____ Medications _____
Tobacco _____ Electric _____ Medical Bills _____
Telephone _____ Food (include school lunches) _____ Personal Loans _____
TV/Cable/ Sat. _____ Heating Fuel _____ School Loans _____
Internet _____ Kerosene/Propane _____ Condo Fee/ Lot Rent _____
Eating Out _____ child Support Paid _____ Life Insurance _____
Trash Pick-up _____ Health Ins (if not out of check) _____ Childcare _____
Fast Food (coffee) _____ Car Payment _____ Laundry/Household _____
Alcohol _____ Car Insurance _____ Rent/Mortgage _____
Credit Cards _____ Car Inspection _____ Car Registration _____
Car Reg. _____ Home/Rent Ins. _____ Pet food/Vet _____
Car Repairs _____ Taxes _____ Fines/Court fees _____
Drivers Lic. _____ Home Repairs _____ Dental _____
Gasoline _____ Lessons/Tuition _____ Movie Rentals _____
Storage _____ Other: _____

Criminal Information Are you or any member of your household presently on parole or Probation?

Yes / No (Please circle)

If yes, who _____ Name & number of PO _____

Certification/Signatures *MUST BE SIGNED*****

I understand that if I receive assistance from the municipality I may be required to participate in the welfare work ("Workfare") program. (RSA-165:31) I understand that I may be required to repay any assistance provided if I am returned to an income status which enables me to reimburse without financial hardship. (RSA-165:20-b). I understand that if I am assisted the municipality may place a lien against any real property which I own. (RSA-165:28)

I hereby certify if I have a lawsuit, worker's compensation claim, or aid from any other social service agency now pending, I have listed these in this application. I further agree to notify the Welfare Official immediately upon receipt of any money from or upon the settlement of such claim. I understand that if I am assisted, the municipality may place a lien against any property settlement within six (6) years of receiving municipal assistance. (RSA 165-28a)

I hereby certify information I provided is complete to the best of my knowledge. I understand I may be required to provide documents and/or other forms of verification to prove the information requested on this application. I hereby certify that all information I will provide truth in disclosing information to the welfare official. If I knowingly give false information I may be prosecuted for the crime of Unsworn Falsification (RSA 641:3)

If I obtain a job after I receive assistance and later quit the job without good cause, I will be ineligible for local assistance from the municipality and any other New Hampshire municipality for a period of up to ninety (90) days. (RSA 165:1-d) I understand that if I am a recipient of Temporary Assistance for Needy Families (TANF) cash benefits and I fail to comply with TANF regulations, leading to a sanction and loss of income, the municipality may, under certain circumstances, disregard this decrease in my income. (RSA 165:1-e)

Applicant signature

Date

Co-Applicant signature

Date